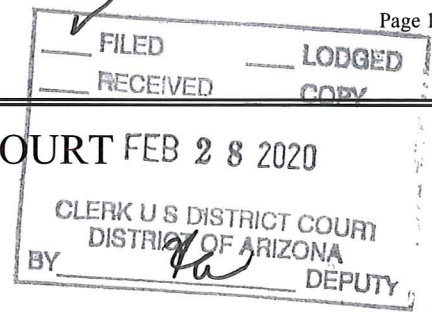


AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT FEB 28 2020

for the



Frederine M. Arthur
Plaintiff/Petitioner

Windsor Shadows HOA
Defendant/Respondent

Civil Action No. CV-20-435-PHX-DJH

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Frederine M. Arthur

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

2/28/20

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 3105 ⁰⁰	\$	\$	\$
Unemployment payments	\$ 0	\$	\$	\$
Public-assistance (such as welfare)	\$ 0	\$	\$	\$
Other (specify):	\$ 0	\$	\$	\$
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
unemployed disabled			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$
Other real estate (Value)	\$
Motor vehicle #1 (Value)	\$
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i>		
Are real estate taxes included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$ 400 ⁰⁰	\$
Is property insurance included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$ 150 ⁰⁰	\$
Home maintenance <i>(repairs and upkeep)</i>	\$ 180 ⁰⁰	\$
Food	\$ 180 ⁰⁰	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 20 ⁰⁰	\$
Medical and dental expenses	\$ 100 ⁰⁰	\$
Transportation <i>(not including motor vehicle payments)</i>	\$ 30 ⁰⁰	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$ 600 ⁰⁰	\$
Life:	\$ /	\$
Health:	\$ state	\$
Motor vehicle:	\$ 0	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$ /	\$
Credit card <i>(name):</i>	\$ /	\$
Department store <i>(name):</i>	\$ /	\$
Other:	\$ /	\$
Alimony, maintenance, and support paid to others	\$	\$

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): <u>Child support</u>	\$ <u>500.00</u>	\$
Total monthly expenses:	\$ 0.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☒ Yes ☐ No

If yes, how much? \$ not sure yet.

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I am on food stamps +
only get 365.00 social security disability
every m.

12. Identify the city and state of your legal residence.

Mesa, AZ.

Your daytime phone number:


602 579 4774

Your age: 51 Your years of schooling: 12

FAMILY ASSISTANCE ADMIN
CHANGE CENTER
PO BOX 19009
PHOENIX AZ 85005

STATE OF ARIZONA PAGE 1 OF 4
DEPARTMENT OF ECONOMIC SECURITY
HTTP://WWW.AZDES.GOV/FAA

OFFICE NUMBER: (855) 432-7587
CASE NUMBER: 00691210
NOTICE NUMBER: X601
MAILING DATE: 01/10/20

 FRANCINE ARTHUR
UNIT 128
441 S MAPLE
MESA AZ 85206

DEAR FRANCINE ARTHUR

THIS DECISION IS ABOUT YOUR NUTRITION ASSISTANCE (NA) BENEFITS

Important: The amount of your NA benefits has changed starting February 2020.

WE TOOK THIS ACTION BECAUSE:

There has been a change in the amount of Social Security Administration benefits (Retirement, Survivors, or Disability Insurance) you receive.

NOTE: If you have deductions taken out of your Social Security Administration benefits, it may benefit you to report and verify this information.

BENEFIT AMOUNT

For the month of 02/20, you are eligible to receive \$ 175.00, and after that you are eligible to receive \$ 175.00. You are approved through 06/30/20.

NOTE: You may get less in benefits if you have an ongoing overpayment and it is collected from your monthly benefits. Notices about overpayments are sent by the Office of Accounts Receivable and Collections.

You may be eligible for the amount listed unless you have received a notice stating a different amount or action due to another change that was reported.

RESPONSIBILITY FOR REPORTING CHANGES

Your change reporting requirements have not changed. You can report changes or provide proof in writing, over the phone or by fax at:

- 602-257-7031, if faxing from area codes 602, 480, or 623; or
- 1-844-680-9840, TOLL FREE if faxing from any other area code.